

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <b>09827888</b>	FILING DATE <b>04-06-01</b>					
<b>CLAIMS</b>						<b>*</b> <b>*</b> <b>*</b>						
	<b>AS FILED</b>		<b>AFTER 1st AMENDMENT</b>		<b>AFTER 2nd AMENDMENT</b>							
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TOTAL IND.	3											
TOTAL DEP.	25	↓										
TOTAL CLAIMS	28											
<small>* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS</small>												